

INDIANA UNIVERSITY-PURDUE UNIVERSITY INDIANAPOLIS

UNIDENTIFIED CHEMICAL WASTE CHARACTERIZATION FORM

(TO BE COMPLETED FOR EACH CONTAINER)

SOURCE: BUILDING (ALPHA CODE): _____ ROOM #: _____

DEPARTMENT: _____

CONTACT PERSON: _____

TELEPHONE #: _____ ACCOUNT#: _____

CURRENT STORAGE LOCATION: _____

CONTAINER DESCRIPTION:

TYPE OF CONTAINER: _____ GLASS: _____ PLASTIC: _____

METAL: _____ FIBER: _____

OTHER (SPECIFY): _____

CONTAINER CONDITION:

IS THE CONTAINER (CHECK ALL THAT APPLY)

CRACKED? _____ CRAZED? _____ PITTED? _____

CORRODED? _____ LEAKING? _____

DOES THE CONTAINER SHOW ANY SIGN OF FAILING (LEAKING)?

YES: _____ NO: _____

ADDITIONAL CONTAINER CONDITION CONCERNS NOT ALREADY MENTIONED:

ORIGINAL CONTAINER: YES: _____ NO: _____ UNCERTAIN: _____

SIZE OR VOLUME OF CONTAINER (SPECIFY UNITS): _____

VOLUME OF MATERIAL IN CONTAINER (SPECIFY UNITS): _____

MANUFACTURER OR DISTRIBUTOR: _____

IS THE LID INTACT & SEALED: _____ YES: _____ NO: _____

SUSPECTED TO CONTAIN: _____

SUSPECTED AGE (IN YEARS): _____

PHYSICAL DESCRIPTION

(IF READILY AVAILABLE WITHOUT OPENING THE CONTAINER).

PHYSICAL STATE (CHECK ALL THAT APPLY AND INDICATE APPROXIMATE PERCENT COMPOSITION OR EACH - MUST TOTAL 100%):

COMPRESSED GAS: _____ LIQUID: _____ SOLID: _____ DESCRIPTION OF MATERIAL (DESCRIBE EACH PHASE)

SOLIDS: _____ COLOR: _____

CRYSTALS: _____ PELLETS: _____ POWDER: _____ CHUNKS: _____ SOLID MASS - WILL NOT COME OUT OF CONTAINER: _____

LIQUIDS: _____ COLOR: _____

TRANSPARENT: _____ TRANSLUCENT: _____ OPAQUE: _____ VISCOUS: OR FREE FLOWING: _____

NUMBER OF VISIBLE LAYERS: _____

OTHER PHYSICAL ESCRIPTION: _____

IS THE MATERIAL KNOWN OR SUSPECTED OF BEING RADIOACTIVE:

YES: _____ NO: _____
SPECIFY TYPE AND SOURCE
ALPHA: _____ BETA: _____ GAMMA: _____

OBVIOUS ODOR? (DO NOT DIRECTLY SMELL CONTAINER OR MATERIAL)

YES: _____ NO: _____
DESCRIBE: _____

SUBMITTED BY:

NAME (PRINTED OR TYPED) SIGNATURE DATE

EHS USE ONLY:

IDENTIFICATION NUMBER: _____

DATE RECEIVED: _____

DATE CHARACTERIZED: _____

CHARACTERIZATION ANALYSES RECORD
(TO BE COMPLETED BY ENVIRONMENTAL HEALTH & SAFETY)

IDENTIFICATION NUMBER: _____
ADDITIONAL PHYSICAL DESCRIPTION (TO SUPPLEMENT CHARACTERIZATION
FORM: _____

LIQUID: _____ SOLID: _____ GAS: _____
CONTAINER SOUND: _____ YES: _____ NO: _____
LID INTACT: _____ YES: _____ NO: _____
LID TIGHT FITTING & SEALING: _____ YES: _____ NO: _____
INDICATIONS OF PEROXIDE FORMATION: _____ YES: _____ NO: _____
DESCRIBE: _____

RADIOACTIVITY SCREEN: POSITIVE: _____ NEGATIVE: _____
ACTIVITY: mR/hr
FLAME TEST; REACTION DESCRIPTION: _____

FLASH POINT: _____ °F
WATER REACTIVE: YES: _____ NO: _____
REACTION DESCRIPTION: _____

SEVERITY:
SLIGHT: _____ MILD: _____ SEVERE: _____ VIOLENT: _____
WATER SOLUBLE: _____ YES: _____ NO: _____

IF INSOLUBLE: _____ FLOATS: _____ SINKS: _____

GOES INTO SUSPENSION: _____

pH: _____

ACID REACTIVE (IF pH <3): YES: NO:

REACTION DESCRIPTION: _____

OXIDATION POTENTIAL: mV

PEROXIDE SCREEN: POSITIVE: NEGATIVE: _____

CONCENTRATION: mg/L

CYANIDE SCREEN: POSITIVE: NEGATIVE: _____

CONCENTRATION: mg/L

SULFIDE SCREEN: POSITIVE: NEGATIVE: _____

HAZARD CLASSIFICATION FROM FLOW CHART: _____

PREPARED BY: _____ DATE: _____